

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580571

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16	/		/			
17		/		/		
18		2		/		
19		2		/		
20		0		/		
21		0		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
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27		0		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32	/		/			
33		/		/		
34		/		/		
35		3		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44		0		/		
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		/ AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
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98						
99						
100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	44	←		←
TOTAL CLAIMS			52			